

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HS</i>		<i>2/19/44</i>
O.P.E. CLASSIFIER	<i>SA</i>	<i>32</i>	<i>3/10/44</i>
FORMALITY REVIEW	<i>EM</i>	<i>706.22</i>	<i>2-11-44</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	✓
2	✓
3	✓
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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